

**DECLARATION  
and  
DESIGNATION OF CORRESPONDENCE ADDRESS**

As an inventor named below, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought in the specification DP-303983 entitled

SPEECH RECOGNITION HANDLING WITH SYNTHESIZED MANUAL INPUT EVENTS

I have reviewed and understand the contents of the above-identified specification including the claims, as amended by any amendment referred to in this Declaration.

I acknowledge my duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in title 37 Code of Federal Regulations, Section 1.56.

I further declare that all statements made above of my own knowledge are true, that all statements made above on information and belief are believed to be true, and that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under title 18 United States Code, Section 1001 and may jeopardize the validity of the application or any patent issuing thereon.

Address all communications to      STEFAN V. CHMIELEWSKI  
DELPHI TECHNOLOGIES, INC.  
Legal Staff Mail Code A-107  
P. O. Box 9005  
Kokomo, IN 46904-9005

Telephone: 248-267-5551

Inventor's signature

*Schavan*

Full name :

SAGARIKA A. CHAVAN

Residence :

CARMEL, IN

Post office address:

13470 VIOLET WAY  
CARMEL, IN 46032

Date

6-5-01

Citizenship: US